Surgeon General's Conference on the
Prevention of Preterm Birth

QUALITY OF CARE & HEALTH SERVICES WORKGROUP

Co-Chairs

Susan Allan, M.D., J.D., M.P.H.
University of Washington School of Public Health and Community Medicine

Denise Dougherty, Ph.D.
Agency for Health Care Research and Quality

Charge to Workgroup

- Economic consequences of preterm birth
- Impact of the health care delivery system on preterm birth
- Research that will inform public policy
- Medicaid, State Children's health Insurance Plan (SCHIP, Medicare, and private insurance

Workgroup Guidelines for Development of Recommendations

- Evidence based
- Actionable
- Strategic
- Systems based
- Bold

General Principles

- All care should be family centered, including care coordination, support services
- Care and treatment should be equitable
  - Individualized for individual and community
  - Not "one size fits all"
  - Everyone should have access to what we know works
- "If everything is a priority, nothing is a priority"

What do we want from the health care system?

- Implement what we know effectively and consistently
- Collect data about patients and services
  - Quality measures
  - Database for research
- Participate in clinical research
- Be prepared to apply new knowledge
- Link funding to better service and better outcomes
- Apply quality processes and incentives
- Healthy babies, mothers, and families

Recommendation #1: National Priority

- Make prevention of preterm delivery, management of preterm labor, and care of preterm infants and their families a national health priority now
- Federal, state, and local agencies should make this a programmatic priority and coordinate across sub-agencies and agencies, and be accountable for progress at every level

Recommendation #2: Access

- The health system should assure access to appropriate preventive and intervention measures for all women of reproductive age and infants to include:
  - Access to health care coverage and care for all women of childbearing age
  - Preconception, inter-conception and early prenatal care
  - Access to health care coverage and care for all children

Recommendation #3: Payment

- Payers for health services should align payment with recommended clinical practices
  - Private health insurance
  - Medicaid, SCHIP, Medicare, and other publicly supported programs
  - Payment structure should support access and promote quality

Recommendation #4: Quality/Accountability

- Quality measures related to prevention and management of preterm birth should be developed and implemented for systems of clinical care
  - See list of evidence-based practices (next slide)
  - Health care systems should provide training, support, and implementation tools
- This should include accountability measures for providers to utilize appropriate clinical practice

Selected Evidence-based Practices

- Smoking cessation
- Sonogram to determine gestational age prior to 20 weeks' gestation
- Fertility treatments - Reduce frequency of multi-fetal gestation
- Implement American College of Obstetricians and Gynecologists (ACOG) guideline to avoid elective inductions or C-sections prior to 39 weeks' unless there is documentation of fetal lung maturity

Selected Evidence-based Practices (cont.)

- Ensure that preterm infants or high-risk pregnant women have access to appropriate level of neonatal intensive care unit (NICU) services
- Preconception care
- Steroids for fetal lung maturation in women at immediate risk for preterm birth between 24-33 6/7 weeks gestation
- Antibiotics for preterm premature rupture of membranes (PPROM);
- Drug and domestic abuse screening
- Universal screening for asymptomatic bacteriuria
- Prior preterm birth: 17-hydroxy-progesterone caproate

Recommendation #5: Gestational Age

- Prematurity as determined by gestational age should be a major focus for clinical and research investigation
- Gestational age should be determined by an accurate method in the first trimester
- Gestational age, in addition to birth weight, should be included in all reporting systems that collect health data about infants, children, and pregnancy status and outcomes

Recommendation #6: Data

- Convene appropriate group to identify common data elements with definitions to be used in all health reporting systems
- Sustain, expand, enhance, and link data and surveillance systems
- Use health care data to conduct and inform clinical research
- Include all common data elements relevant to maternal and infant health in electronic health records

Recommendation #7: Health Services Research

- Health services research outcomes should include assessment of long-term morbidity, mortality, and quality of life to inform policy
  - National Children's Study as a resource
- Increase resources for transdisciplinary, collaborative research mechanisms, research mission, and mentoring
- Remove malpractice insurance costs as a barrier to research

Recommendation #8: Economic Evaluation

- Collect primary data and link databases for economic evaluation and cost analyses of
  - Medical
  - Non-medical
  - Family and community consequences
- Apply appropriate economic evaluation models to interventions
  - Return on Investment (ROI)
  - Cost-effectiveness

Recommendation #9: Healthy People 2020

- Healthy People 2020 objectives should include at least the following:
  - Increase gestational age reporting on birth certificate
  - Reduce the frequency of preterm birth
  - Reduce morbidity from preterm birth